# Simplified Process Interconnection Application and Service Agreement [submit form via email to: NHDG@eversource.com]

Eversource Application Project ID#:

| Legal Name and Address                                                                                                                 | of Interconnecti                               | ng Customer (d                                              | or, Company name, if a                                          | ppropriate)                                                                        |              |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------|--------------|
| Customer or Company Na                                                                                                                 | me (print):                                    |                                                             |                                                                 |                                                                                    |              |
| Contact Person, if Compar                                                                                                              | ny:                                            |                                                             |                                                                 |                                                                                    |              |
| Mailing Address:                                                                                                                       |                                                |                                                             |                                                                 |                                                                                    |              |
| City:                                                                                                                                  |                                                | State:                                                      |                                                                 | Zip Code:                                                                          |              |
| Telephone (Daytime):                                                                                                                   |                                                |                                                             | (Eveni                                                          | ng):                                                                               |              |
| Facsimile Number:                                                                                                                      |                                                |                                                             | E-Mail Address:                                                 |                                                                                    |              |
| Alternative Contact Info                                                                                                               | rmation (e.g., S                               | System installat                                            | tion contractor or coord                                        | linating company, if appropriate):                                                 |              |
| Name:                                                                                                                                  |                                                |                                                             |                                                                 |                                                                                    |              |
| Mailing Address:                                                                                                                       |                                                |                                                             |                                                                 |                                                                                    |              |
| City:                                                                                                                                  |                                                | State:                                                      |                                                                 | Zip Code:                                                                          |              |
| Telephone (Daytime):                                                                                                                   |                                                |                                                             | (Eveni                                                          | ng):                                                                               |              |
| Facsimile Number:                                                                                                                      |                                                |                                                             | E-Mail Address:                                                 |                                                                                    |              |
|                                                                                                                                        |                                                |                                                             |                                                                 |                                                                                    |              |
| Electrical Contractor Co                                                                                                               | ntact Informat                                 | t <b>ion</b> (if appropr                                    | riate):                                                         |                                                                                    |              |
|                                                                                                                                        |                                                |                                                             |                                                                 |                                                                                    |              |
| Name:                                                                                                                                  |                                                |                                                             |                                                                 |                                                                                    |              |
| Name:<br>Mailing Address:                                                                                                              |                                                |                                                             |                                                                 | Zip Code:                                                                          |              |
| Name:<br>Mailing Address:<br>City:                                                                                                     |                                                | State:                                                      |                                                                 |                                                                                    |              |
| Name:<br>Mailing Address:<br>City:<br>Telephone (Daytime):                                                                             |                                                | State:                                                      | (Eveni                                                          | Zip Code:                                                                          |              |
| Name: Mailing Address: City: Telephone (Daytime): Facsimile Number:                                                                    |                                                | State:                                                      | (Eveni                                                          | ng):                                                                               |              |
| Name: Mailing Address: City: Telephone (Daytime): Facsimile Number:  Facility Site Information                                         | <u>:</u>                                       | State:                                                      | (Eveni E-Mail Address:                                          | ng):                                                                               |              |
| Name: Mailing Address: City: Telephone (Daytime): Facsimile Number:  Facility Site Information Facility (Site) Address:                | <u>.</u>                                       | State:                                                      | (Eveni<br>E-Mail Address:                                       | Zip Code:<br>ng):                                                                  |              |
| Name: Mailing Address: City: Telephone (Daytime): Facsimile Number:  Facility Site Information Facility (Site) Address: City:          | <u>.</u>                                       | State:                                                      | (Eveni<br>E-Mail Address:                                       | ng):                                                                               |              |
| Name: Mailing Address: City: Telephone (Daytime): Facsimile Number:  Facility Site Information Facility (Site) Address: City: Electric | <u>:</u>                                       | State:                                                      | E-Mail Address:                                                 | Zip Code:<br>ng):                                                                  |              |
| Name:                                                                                                                                  | Eversource er: Please consu                    | State: State: Account Note that an actual Eve               | (Eveni E-Mail Address:  NH  Jumber: ersource electric bill ar   | Zip Code:                                                                          | er and Meter |
| Name:                                                                                                                                  | Eversource er: Please consu                    | State: State: Account N alt an actual Evist to be installed | NH  Sumber:  ersource electric bill ared in a new location, ple | Zip Code:  Zip Code:  Zip Code:  Meter Number:  d enter the correct Account Number | er and Meter |
| Name:                                                                                                                                  | Eversource er: Please consu n. If the facility | State: State: Account N alt an actual Evist to be installed | NH  Sumber:  ersource electric bill ared in a new location, ple | Zip Code:  Zip Code:  Zip Code:  Meter Number:  d enter the correct Account Number | er and Meter |
| Name:                                                                                                                                  | Eversource er: Please consu n. If the facility | State: State: Account N alt an actual Evist to be installed | NH  Sumber:  ersource electric bill ared in a new location, ple | Zip Code:  Zip Code:  Zip Code:  Meter Number:  d enter the correct Account Number | er and Meter |

Eversource SPIA rev. 05/16 Page 1 of 5

Supply Company.)

## **Simplified Process Interconnection Application and Service Agreement**

| <b>Facility Machine Information</b>                                                                                                   | ı <u>:</u>                                                                    |                                                        |                                                                            |                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Generator/                                                                                                                            |                                                                               | Model Name &                                           |                                                                            |                                                                                                   |
| Inverter Manufacturer:                                                                                                                |                                                                               | Number:                                                |                                                                            | Quantity:                                                                                         |
| Nameplate Rating:                                                                                                                     | (kW) (                                                                        | kVA)                                                   | (AC Volts)                                                                 | Phase: Single Three                                                                               |
| Nameplate Rating: The Max AC                                                                                                          | C Nameplate rating of th                                                      | he individual inv                                      | erter.                                                                     |                                                                                                   |
| System Design Capacity:                                                                                                               | (kW)                                                                          | (kVA)                                                  | Battery Backup: Yes                                                        | □ No □                                                                                            |
|                                                                                                                                       | •                                                                             | er AC ratings. If                                      | there are multiple inver                                                   | ters installed in the system, this is the                                                         |
| sum of the AC nameplate rating                                                                                                        |                                                                               |                                                        |                                                                            |                                                                                                   |
| Net Metering: If Renewably Fu                                                                                                         | _                                                                             |                                                        |                                                                            |                                                                                                   |
| Prime Mover: Photovoltaic                                                                                                             |                                                                               |                                                        | Cell Turbine                                                               | Other                                                                                             |
| Energy Source: Solar Wi                                                                                                               | nd Hydro Di                                                                   | iesel Natur                                            | al Gas Fuel Oil                                                            | Other                                                                                             |
| <b>Inverter-based Generating Fa</b>                                                                                                   | acilities:                                                                    |                                                        |                                                                            |                                                                                                   |
|                                                                                                                                       |                                                                               | 906 Compliance I                                       | ath For Inverter Units, F                                                  | Part Puc 906.01 Inverter Requirements)                                                            |
| submit their equipment to a Nat                                                                                                       | cal interconnection design<br>tionally Recognized Test<br>ed on the equipment | gn of various for<br>sting Laboratory<br>and supportin | ms of generating equipm (NRTL) that verifies cog documentation. <i>Pla</i> | ment. Many manufacturers choose to mpliance with UL 1741.1. This lease include, any documentation |
| External Manual Disconnect of An External Manual Disconnect Interconnections For Facilities, For Yes No Location of External Manual D | et Switch shall be installer<br>Puc 905.01 Requirements                       | For Disconnect S                                       |                                                                            |                                                                                                   |
| Project Estimated Install Date:                                                                                                       |                                                                               | Proje                                                  | ect Estimated In-Service                                                   | Date:                                                                                             |
| Interconnecting Customer Signal I hereby certify that, to the best and Conditions for Simplified                                      | of my knowledge, all o                                                        |                                                        |                                                                            | ation is true and I agree to the <u>Terms</u>                                                     |
| Customer Signature:                                                                                                                   |                                                                               |                                                        | Title:                                                                     |                                                                                                   |
| Print Name:                                                                                                                           |                                                                               |                                                        | Date:                                                                      |                                                                                                   |
|                                                                                                                                       | Ο,                                                                            |                                                        | · ·                                                                        | indicate the generator connection<br>s without such a diagram may be                              |
|                                                                                                                                       | F                                                                             | or Eversource U                                        | Ise Only                                                                   |                                                                                                   |
| Agreement, and agreement to a Are system modifications requi                                                                          | proved contingent upon<br>ny system modification<br>ired? Yes No              | the Terms and C<br>s, if required.  To be Det          | Conditions For Simplifie                                                   | ed Process Interconnections of this                                                               |
| Company Signature:                                                                                                                    |                                                                               |                                                        | Title:                                                                     | Date:                                                                                             |

Eversource SPIA rev. 05/16 Page 2 of 5

#### **Terms and Conditions for Simplified Process Interconnections**

| Company waives inspection/Witness Test: Yes No No | Date of inspection/Witness Test: |
|---------------------------------------------------|----------------------------------|
|---------------------------------------------------|----------------------------------|

- 1. **Construction of the Facility**. The Interconnecting Customer may proceed to construct the Facility in compliance with the specifications of its Application once the Approval to Install the Facility has been signed by the Company. Such Approval relates only to the Eversource and Puc 900 electrical interconnection requirements, and does not convey any permissions or rights associated with permits, code enforcement, easements, rights of way, set back, or other physical contrutruction issues.
- 2. **Interconnection and operation**. The Interconnecting Customer may operate Facility and interconnect with the Company's system once the all of the following has occurred:
  - 2.1. **Municipal Inspection**. Upon completing construction, the Interconnecting Customer will cause the Facility to be inspected or otherwise certified by the local electrical wiring inspector with jurisdiction.
  - 2.2. **Certificate of Completion**. The Interconnecting Customer returns the Certificate of Completion to the Agreement to the Company at address noted.
  - 2.3. Company has completed or waived the right to inspection.
- 3. **Company Right of Inspection**. The Company will make every attempt within ten (10) business days after receipt of the Certificate of Completion, and upon reasonable notice and at a mutually convenient time, conduct an inspection of the Facility to ensure that all equipment has been appropriately installed and that all electrical connections have been made in accordance with the Interconnection Standard. The Company has the right to disconnect the Facility in the event of improper installation or failure to return Certificate of Completion. All projects larger than 10 kVA will be witness tested, unless waived by the Company.
- 4. Safe Operations and Maintenance. The Interconnecting Customer shall be fully responsible to operate, maintain, and repair the Facility.
- 5. Disconnection. The Company may temporarily disconnect the Facility to facilitate planned or emergency Company work.
- 6. **Metering and Billing**. All renewable Facilities approved under this Agreement that qualify for net metering, as approved by the Commission from time to time, and the following is necessary to implement the net metering provisions:
  - 6.1. **Interconnecting Customer Provides:** The Interconnecting Customer shall furnish and install, if not already in place, the necessary meter socket and wiring in accordance with accepted electrical standards. In some cases the Interconnecting Customer may be required to install a separate telephone line.
  - 6.2. **Company Installs Meter**. The Company will make every attempt to furnish and install a meter capable of net metering within ten (10) business days after receipt of the Certificate of Completion if inspection is waived, or within 10 business days after the inspection is completed, if such meter is not already in place.
- 7. Indemnification. Interconnecting Customer and Company shall each indemnify, defend and hold the other, its directors, officers, employees and agents (including, but not limited to, Affiliates and contractors and their employees), harmless from and against all liabilities, damages, losses, penalties, claims, demands, suits and proceedings of any nature whatsoever for personal injury (including death) or property damages to unaffiliated third parties that arise out of, or are in any manner connected with, the performance of this Agreement by that party, except to the extent that such injury or damages to unaffiliated third parties may be attributable to the negligence or willful misconduct of the party seeking indemnification.
- 8. **Limitation of Liability**. Each party's liability to the other party for any loss, cost, claim, injury, liability, or expense, including reasonable attorney's fees, relating to or arising from any act or omission in its performance of this Agreement, shall be limited to the amount of direct damage actually incurred. In no event shall either party be liable to the other party for any indirect, incidental, special, consequential, or punitive damages of any kind whatsoever.
- 9. **Termination**. This Agreement may be terminated under the following conditions:
  - 9.1. By Mutual Agreement. The Parties agree in writing to terminate the Agreement.
  - 9.2. By Interconnecting Customer. The Interconnecting Customer may terminate this Agreement by providing written notice to Company.
  - 9.3. **By Company**. The Company may terminate this Agreement (1) if the Facility fails to operate for any consecutive 12 month period, or (2) in the event that the Facility impairs or, in the good faith judgment of the Company, may imminently impair the operation of the electric distribution system or service to other customers or materially impairs the local circuit and the Interconnecting Customer does not cure the impairment.
- 10. **Assignment/Transfer of Ownership of the Facility**. This Agreement shall survive the transfer of ownership of the Facility to a new owner when the new owner agrees in writing to comply with the terms of this Agreement and so notifies the Company.
- 11. **Interconnection Standard**. These Terms and Conditions are pursuant to the Company's "Interconnection Standards for Inverters Sized Up to 100 kVA" for the Interconnection of Customer-Owned Generating Facilities, as approved by the Commission and as the same may be amended from time to time ("Interconnection Standard"). All defined terms set forth in these Terms and Conditions are as defined in the Interconnection Standard (see Company's website for the complete document).

Eversource SPIA rev. 05/16 Page 3 of 5

## Simplified Process Interconnection Application Customer Requirements "Checklist"

| Please provide the following information with your Application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Electrical Sketch / Site Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <ul> <li>Does not need to be PE stamped.</li> <li>Must show the existing/proposed service, including the Eversource revenue metering, and how the proposed generation will interconnect to it.</li> <li>Can be hand drawn, but must be legible.</li> <li>Include: Size of main breaker, external AC disconnect switch (when required or installed), kW rating, Inverter(s) and existing or back up generation (if applicable).</li> <li>AC generator disconnects are required for systems over 10.0 kW. NOTE: Eversource may require a disconnect switch for smaller systems in accordance with Part PUC 905 Technical Requirements for Interconnections For Facilities, PUC 905.01 Requirements For Disconnect Switches and 905.02 Disconnect Switch.</li> <li>Must show actual proposed equipment. Ex: Do NOT include "MIN 60A" for a disconnect size.</li> </ul> |
| Provide photograph of Eversource revenue meter that the generation will interconnect behind (meter number must be clearly readable). If property has multiple meters, it is important that the application documentation clearly identify which meter relates to the generation source.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Inverter cut sheet. Provide UL 1741 and IEEE 1547 certification (if not already on file).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Eversource Work Request number if; a new service or a service upgrade.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| For projects with Max AC inverter rating greater than 10.0 kW, also submit a Supplemental Review Agreement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

| Project Size (Max AC rating of inverters) | Supplemental Review Fee |
|-------------------------------------------|-------------------------|
| >10 kW to 30 kW                           | \$125                   |
| >30 kW to 50 kW                           | \$500                   |
| >50 kW to 100 kW                          | \$1000                  |

and mail the required fee (see page 5 of this application). The required Supplemental Review fee is based on the table below and must be paid via paper check payable to "Eversource Energy" and mailed to the address below.

Applications submitted without the appropriate documentation will be delayed in processing and/or returned.

Submit form and supporting information via email to: NHDG@eversource.com

Hard copies and checks may be mailed to: Eversource – Distributed Generation (NH)

780 North Commercial Street Manchester, NH 03105-0330

Eversource SPIA rev. 05/16 Page 4 of 5

## Supplemental Review Agreement

| This Agreement, dated, is entered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | l into by and between                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ("Interconnecting Customer") and Eversource                          |
| ("Company"), for the purpose of setting forth the terms,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | , conditions and costs for conducting a Supplemental Review relative |
| to the Interconnection Process as defined in Section 1.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | and outlined in Section 3.0 of the Interconnection Standard. This    |
| Supplemental Review pertains to the interconnection app                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | olication the Interconnecting Customer has filed with the Company    |
| for interconnecting akW Facility (Max A0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | C rating) at(Facility                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | quirements for processing the application including any System       |
| Modifications, then the modification requirements and co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | osts for those modifications will be identified and included in a    |
| billing statement sent by the Company to the Interconne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ecting Customer for authorization and payment. If the Supplementa    |
| Review does not determine the requirements, it will inclu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ade a proposed Impact Study Agreement as part of the Company's       |
| standard interconnection process which will include an e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | stimate of the cost of the study.                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |
| The Interconnecting Customer agrees to provide, in a tin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | nely and complete manner, all additional information and technical   |
| data necessary for the Company to conduct the Supplemental Company | ental Review not already provided in the Interconnecting             |
| Customer's application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |
| All work pertaining to the Supplemental Review that is the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | he subject of this Agreement will be approved and coordinated only   |
| through designated and authorized representatives of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | e Company and the Interconnecting Customer. Each party shall         |
| inform the other in writing of its designated and authoriz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | zed representative, if different than what is in the application.    |
| The fee for this Supplemental Review is shown in the tab                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ble below:                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |
| <b>Project Size (Max AC rating of inverters)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Supplemental Review Fee                                              |
| >10 kW to 30 kW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$125                                                                |
| >30 kW to 50 kW<br>>50 kW to 100 kW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$500<br>\$1000                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |
| No work will be performed until payment is received. M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | lake check payable to "Eversource Energy". Send to:                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Eversource – Distributed Genertation (NH)                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 780 North Commercial Street<br>Manchester, NH 03105-0330             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Wallenester, 1411 03 103-0330                                        |
| Please indicate your acceptance of this Agreement by sign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ning below.                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |
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| Interconnecting Customer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date                                                                 |

Eversource SPIA rev. 05/16 Page 5 of 5